| PLACE OF DEATH | Arizona Territorial Board of Health |
|--|--|
| COUNTY Javabai | BUREAU OF VITAL STATISTICS |
| DISTRICT MESCON | ORIGINAL CERTIFICATE OF DEATH TERRITORIAL INDEX NO |
| TOWN | COUNTY REGISTERED NO. 121 |
| OR CITY MISCOUNT OF death occurred | art Westerk |
| | dufa Hospital of Institution, give its NAME instead of street and number.) |
| FULL NAME | our Cambridge |
| PERSONAL AND STATISTICAL PARTICULAR | RS. MEDICAL CERTIFICATE OF DEATH |
| COLOR or RACE SINGLE White Sadian MARRIED MARRIED | DATE OF DEATH |
| ATE OF BIRTH | (Month) (Day) (Year) |
| OAK | 1867 I hereby certify, that I attended deceased from Eliquist for |
| (Mouth) (Day) | (Year) 1912 to August 8 1912; that flast saw h can all |
| GE 40 10 - If less ti | than 1 day |
| CCUPATION days hrs., or | min. stated above at John M. The DISEASE or INJURY causing Deat |
| (a) Trade, profession or particular kind of work (b) General nature of industry, | N LA |
| business, or establishment in which employed (or employer) | |
| RTHPLACE (State or country) | (Duration) Zyrs mos days |
| - Onles But | was disease contracted in Arizona? |
| NAME OF FATHER | If not, where? |
| BIRTHPLACE OF FATHER | CONTRIBUTORY Purulent Cyrlidia |
| (State or country) QMak MILL | Duration) (Duration) (Burs days |
| MAIDEN NAME OF MOTHER | Johnson Dannally |
| BIRTHPLACE OF MOTHER | (Signed) N. D. |
| (State or country) | *In deaths from Violent Causes, state (1) Means of Injury;and(2) |
| | whether Accidental, Suicidal, or Homicidal. |
| Informant) Paul Pauline | At place of death yrs 6 mos ds In Arizona yrs mos de |
| (Address) (Juscom an | Un former or Usual Residence |
| ACE OF BURIAL OF BURIAL OF | PARCETAL PARCET |
| DERGARES A A LEW CHIQUES K | 3 19/2 |
| AOPRIS | Filed 9 115 10 7 (18/12 1) + 1 1111 |